



Please print clearly or affix label with complete information

- Lifemark - Markham Church Street (Ninth Line & Hwy 7)
T. (905) 471-4259
F. (905) 471-3751
- Lifemark - Unionville Gate (Kennedy Rd & Hwy 407)
T. (905) 479-0869
F. (905) 479-0672

- Uxbridge site
T. (905) 852-9771 ext 5260
F. (905) 852-2460

OUTPATIENT REHABILITATION SERVICES REFERRAL

- Physiotherapy**
- Occupational Therapy (Markham Stouffville Hospital, Markham site only)**

Name	Sex	Date of Birth: (DD/MM/YY)	Health Card #
Address			Telephone #
Date of Accident or Injury	<input type="checkbox"/> WSIB <input type="checkbox"/> MVA		Extended Health Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No

Incomplete referrals cannot be processed

Diagnosis:																																							
Surgical Procedures:		Surgery Date	Discharge Date																																				
			Discharge Time																																				
Reason for Referral:																																							
Restrictions																																							
<input type="checkbox"/> No hip flexion past 90°		<input type="checkbox"/> No hip adduction past neutral (0°)																																					
<input type="checkbox"/> No hip internal rotation		<input type="checkbox"/> No active hip abduction																																					
<input type="checkbox"/> No hip extension past neutral (0°)																																							
Ambulatory Status																																							
<input type="checkbox"/> Non-weight bearing		<input type="checkbox"/> Partial weight bearing																																					
<input type="checkbox"/> Full weight bearing		<input type="checkbox"/> Feather weight bearing																																					
<input type="checkbox"/> Other, specify _____																																							
Precautions <input type="checkbox"/> None																																							
<input type="checkbox"/> Cardiac Problem		<input type="checkbox"/> Epilepsy																																					
<input type="checkbox"/> Hypertension		<input type="checkbox"/> Diabetes																																					
Physician's Name																																							
<input type="checkbox"/> Dr. S. McMahon		<input type="checkbox"/> Dr. C. Smith																																					
<input type="checkbox"/> Dr. S. Haider		<input type="checkbox"/> Dr. D. Santone																																					
<input type="checkbox"/> Dr. H. Shirali		<input type="checkbox"/> Dr. J. Kao																																					
<input type="checkbox"/> Dr. T. Teshima		<input type="checkbox"/> Dr. K. Koo																																					
<input type="checkbox"/> Dr. R. Wallman		<input type="checkbox"/> Other _____																																					
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Response returned to:</td> <td style="width: 20%;">Uxbridge:</td> <td style="width: 10%;">P1</td> <td style="width: 10%;">P2</td> <td style="width: 10%;">P3</td> <td style="width: 10%;">P4</td> </tr> <tr> <td><input type="checkbox"/> 3WF</td> <td>P.905-472-7143</td> <td colspan="4">F.905-472-7584</td> </tr> <tr> <td><input type="checkbox"/> 3WH</td> <td>P.905-472-7035</td> <td colspan="4">F.905-472-7565</td> </tr> <tr> <td><input type="checkbox"/> SADU</td> <td>P.905-472-7036</td> <td colspan="4">F.905-472-7559</td> </tr> <tr> <td><input type="checkbox"/> OPS-DSU</td> <td>P.905-472-6833</td> <td colspan="4">F.905-472-7369</td> </tr> <tr> <td><input type="checkbox"/> 3 Centre</td> <td>P.905-472-7114</td> <td colspan="4">F.905-472-7004</td> </tr> </table>		Response returned to:	Uxbridge:	P1	P2	P3	P4	<input type="checkbox"/> 3WF	P.905-472-7143	F.905-472-7584				<input type="checkbox"/> 3WH	P.905-472-7035	F.905-472-7565				<input type="checkbox"/> SADU	P.905-472-7036	F.905-472-7559				<input type="checkbox"/> OPS-DSU	P.905-472-6833	F.905-472-7369				<input type="checkbox"/> 3 Centre	P.905-472-7114	F.905-472-7004			
Response returned to:	Uxbridge:	P1	P2	P3	P4																																		
<input type="checkbox"/> 3WF	P.905-472-7143	F.905-472-7584																																					
<input type="checkbox"/> 3WH	P.905-472-7035	F.905-472-7565																																					
<input type="checkbox"/> SADU	P.905-472-7036	F.905-472-7559																																					
<input type="checkbox"/> OPS-DSU	P.905-472-6833	F.905-472-7369																																					
<input type="checkbox"/> 3 Centre	P.905-472-7114	F.905-472-7004																																					
Signature of Referring Physician _____		Date _____																																					
Lifemark Office Use Only																																							
Date sent to Lifemark _____		Appt Date: _____ Time: _____ Location: _____																																					
		Date returned to unit _____ Time _____																																					

